

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name JACK'S BAKERY	Telephone Number Est 812-725-0404 Own 812-987-6230	Date of Inspection 07/13/2021	ID#
Address 4510 CHARLESTOWN RD #300, NEW ALBANY IN 4715			
Owner JACK NICHOLSON	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 07/13/2021
Owner's Address 700 MURE DE RONLE NEW ALBANY, IN 47150		Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge DEVAN CARRIER			
Responsible Person's Email			
Certified Food Handler ERIC STOCKDALE			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
218		X		Observed 3 light bulbs out in back room.	7/21/21
245		X		Observed wet wiping cloth left out of sanitizer solution.	Corrected
392		X	X	Observed dumpster lids open.	Today
422		X	X	Observed employee food in cooler not clearly seperated or marked. Make a marked"employee only" storage area in cooler. Observed an employees personal items on prep table. Create designated area for employees to store personal items.	2 Days

Summary of Violations C 0 NC 4 R 2

Received by (name and title printed):	Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>	
cc:	cc:	cc: